

DATE (MM/DD/YYYY)
10/10/2008

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Liberty Mutual Fire Insurance Company	23035
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

HNTB Job 47343; Shawnee Sports Complex – Renovation. Additional Insured: The City of Frisco, Texas, its officers, agents, representatives and employees as respects general liability, subject to the terms and conditions of the policy, and, where required by written contract, shall be considered primary insurance as respects the Additional Insured, and any other insurance or self-insurance maintained by the Additional Insured shall be excess of this insurance and shall not contribute with it. Waiver of subrogation in favor of The City of Frisco, Texas as respects general liability, subject to the terms and conditions of the policy.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL FURNISH BY MAIL 60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL NOT CONSTITUTE A WAIVER OF THE RIGHT OF THE INSURED TO RECOVER UNDER SUCH POLICY.

AUTHORIZED REPRESENTATIVE _____

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ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/10/2008

PRODUCER Lockton Companies 444 W. 47 th Street, Suite 900 Kansas City, MO 64112-1906 (816) 960-9000		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED HNTB Corporation 2001 Bryan St., Suite 100 Dallas, TX 75201		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Lexington Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXXXXXXX MED EXP (Any one person) \$ XXXXXXXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXXXXXXX GENERAL AGGREGATE \$ XXXXXXXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXXXXXXX								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXXXXXXX								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ XXXXXXXXXXXXX OTHER THAN AUTO ONLY: EA ACC \$ XXXXXXXXXXXXX AGG \$ XXXXXXXXXXXXX								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXXXXXXX AGGREGATE \$ XXXXXXXXXXXXX \$ XXXXXXXXXXXXX \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	NOT APPLICABLE			<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ XXXXXXXXXXXXX</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ XXXXXXXXXXXXX</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ XXXXXXXXXXXXX</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ XXXXXXXXXXXXX	E.L. DISEASE - EA EMPLOYEE	\$ XXXXXXXXXXXXX	E.L. DISEASE - POLICY LIMIT	\$ XXXXXXXXXXXXX
WC STATUTORY LIMITS	OTHER												
E.L. EACH ACCIDENT	\$ XXXXXXXXXXXXX												
E.L. DISEASE - EA EMPLOYEE	\$ XXXXXXXXXXXXX												
E.L. DISEASE - POLICY LIMIT	\$ XXXXXXXXXXXXX												
A	OTHER PROFESSIONAL LIABILITY	1205866	5/1/08	5/1/09	\$2,000,000 per claim & the annual aggregate for all projects								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

HNTB Job 47343; Shawnee Sports Complex - Renovation

CERTIFICATE HOLDER

CANCELLATION

The City of Frisco, Texas
 6101 Frisco Square Blvd.
 Frisco, TX 75034

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL BE OBLIGATED TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO DELIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]